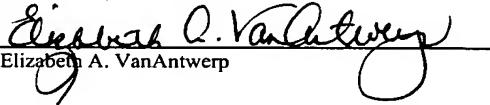


MF \$

Page 1 of 2

Application Number	10/627,356	CERTIFICATE OF MAILING UNDER 37 CFR§1.8(a)
Filing Date	July 25, 2003	I hereby certify that this correspondence is being deposited with the United States Postal Service on <i>October 10, 2003</i> as first class mail addressed to:
First Named Inventor	Masahiro MURASATO	Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.
Art Unit	3753	 Elizabeth A. VanAntwerp
Examiner Name	Not Assigned	
Confirmation No.	2327	
Attorney Docket No.	796_014 NP	

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

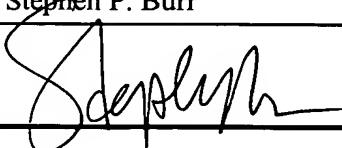
**COMPLETION OF FILING
REQUIREMENTS — NONPROVISIONAL APPLICATION**

Sir:

1. This replies to the Notice to File Missing Parts of Nonprovisional Application mailed September 5, 2003.
 A copy of the Notice to File Missing Parts of Nonprovisional Application—Filing Date Grated is enclosed.
2. **Declaration or Oath**
 No Declaration or Oath was filed. Enclosed is the original Declaration or Oath for this application.
3. **Transmittal of English Translation of Non-English Language Papers**
 Submitted herewith is an English translation of the non-English language application papers as originally filed. Also submitted herewith is a statement by the translator of the accuracy of the translation. It is requested that this translation be used as the copy for examination purposes in the PTO.

The English translation of the non-English language application consists of:

Page(s) Translation Statement
 Page(s) of Specification
 Page(s) of Claims
 Page(s) of Abstract
 Sheets of Formal Drawings
4. **Other Papers Enclosed**
 A Preliminary Amendment
 An Assignment and Assignment Transmittal
 A Submission of Certified Copy of Priority Document
 A Certified Copy of:
 An Information Disclosure Statement
 Form PTO-1449
 Copies of IDS Citations

5. The filing fee has been calculated as shown below:					
Basic Filing Fee (37 CFR §1.16(a))				\$ 770.00	
CLAIMS	Number Filed	NUMBER EXTRA	RATE		
Total Claims	19 - 20 =	0	x \$ 18.00		
Indep. Claims	2 - 3 =	0	x \$ 86.00		
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$ 290.00		
6. Surcharge Fees (37 CFR§1.16(e))					
<input checked="" type="checkbox"/> late payment of filing fee and/or <input checked="" type="checkbox"/> late filing of original declaration or oath				\$ 130.00	
7. Extension of Time					
a. <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.					
OR					
b. <input type="checkbox"/> Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. 1.17(a)(1)-(4), for the total number of months checked below:					
<input type="checkbox"/> One Month (37 CFR 1.17(a)(1)) \$ 110.00 <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) \$ 420.00 <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) \$ 950.00					
TOTAL OF ABOVE CALCULATIONS =				\$ 900.00	
8. Small Entity Status					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR §1.27. The fees indicated above are reduced by 1/2.					
SUBTOTAL OF ABOVE CALCULATIONS =				\$ 900.00	
<input type="checkbox"/> Fee for processing an application filed with a specification in a non-English language (37 CFR §1.17(i) and §1.52(d))					
[x] Assignment Fee (37 CFR §1.21(h))				\$ 40.00	
TOTAL FEES DUE =				\$ 940.00	
9. Payment of Fees and Authorization to Charge Additional Fees or Credit Overpayment					
<input checked="" type="checkbox"/> A check in the amount of \$940.00 is enclosed.					
<input type="checkbox"/> Charge Deposit Account 50-1446 in the amount of \$_____. Enclosed is a duplicate copy of this sheet.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-1446: a. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.16. b. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.17.					
Submitted By:					
Name	Stephen P. Burr	Reg. No.	32,970	Customer No.	025191
Signature		Telephone No.	(315) 233-8300	Facsimile No.	(315) 233-8320
	Date	<i>October 10, 2003</i>			